

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790817

Entity Name: FLORIDA CITRUS PACKERS

Current Principal Place of Business:

800 TRAFALGAR COURT
SUITE 200
MAITLAND, FL 32751

Current Mailing Address:

P.O. BOX 941058
MAITLAND, FL 32794 US

FEI Number: 59-0907251

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAIRES, J. PETER
800 TRAFALGAR COURT
SUITE 200
MAITLAND, FL 32751 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: J. PETER CHAIRES

02/07/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SALLIN, MICHELLE
Address 7836 CHERRY LAKE RD
City-State-Zip: GROVELAND FL 34736

Title EXECUTIVE VICE PRESIDENT
Name CHAIRES, J. PETER
Address 800 TRAFALGAR COURT
SUITE 200
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name BLACK, LARRY
Address P.O. BOX 816
City-State-Zip: FT. MEADE FL 33841

Title DIRECTOR
Name CALLAHAM, STEVEN
Address P.O. BOX 1739
City-State-Zip: DUNDEE FL 33838

Title DIRECTOR
Name GENKE, PAUL
Address P.O. BOX 12969
City-State-Zip: FT. PIERCE FL 34981

Title DIRECTOR
Name HAMNER, GEORGE JR.
Address 7355 SW NINTH STREET
City-State-Zip: VERO BEACH FL 32968

Title DIRECTOR
Name HUNT, FRANK M III
Address P.O. BOX 631
City-State-Zip: LAKE WALES FL 33859

Title DIRECTOR
Name NELSON, GREG
Address 1900 OLD DIXIE HWY
City-State-Zip: FT. PIERCE FL 34946

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: J. PETER CHAIRES

EXEC. VP

02/07/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RICHEY, DAN
Address P.O. BOX 39
City-State-Zip: VERO BEACH FL 32961

Title VC, FIRST VP
Name MITCHELL, TOM
Address P.O. BOX 39
City-State-Zip: VERO BEACH FL 32961

Title CHAIRMAN, PRESIDENT
Name ROE, QUENTIN
Address P.O. BOX 900
City-State-Zip: WINTER HAVEN FL 33882

Title SECRETARY, TREASURER
Name MARONE, JON F
Address 624 66TH AVENUE, SW
City-State-Zip: VERO BEACH FL 32969